

## Please complete and return to Sympany

Sender

.....  
 .....  
 .....

**Registration**

.....  
 .....  
 .....

Location/Date .....

### Notice

Dear Sir or Madam,

I/we give notice to terminate the specified insurance cover for the following person(s):

Periode of notice (supplementary insurances):  3 mo.  5 mo.  6 mo. .... months

Surname	Forename	Date of birth	Insurance for which notice is given	Date of termination*
			<input type="checkbox"/> Basic insurance according to KVG <input type="checkbox"/> Supplementary insurance according to VVG	..... .....
			<input type="checkbox"/> Basic insurance according to KVG <input type="checkbox"/> Supplementary insurance according to VVG	..... .....
			<input type="checkbox"/> Basic insurance according to KVG <input type="checkbox"/> Supplementary insurance according to VVG	..... .....
			<input type="checkbox"/> Basic insurance according to KVG <input type="checkbox"/> Supplementary insurance according to VVG	..... .....

- \* at the earliest possible date or
- \* as a result of a premium increase or
- \* as a result of a change of age category

Please provide confirmation of the termination.

Yours faithfully

.....  
 Signatures of all adult family members specified above

### To be completed by Sympany

#### Insurance confirmation delivered personally to the above health insurance company

In accordance with section 7 paragraph 5 of the health insurance act (KVG), we hereby confirm the admission of the person(s) specified above into the mandatory sickness insurance according to KVG by .....

Please could you undertake to withdraw them from your health insurance organisation.

**Sympany**

Peter Merian-Weg 4, 4002 Basel  
 T +41 800 455 455

Basel,.....

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